



2019 – 2020

**Parent Untaxed Income Verification**

9

**Student's Name**

**Student's MSU Net ID**

**MSU ID (9 digit)**

We received your 2019-20 FAFSA. The information on this FAFSA should be based on your 2017 income. Please complete the following items pertaining to untaxed income you received for 2017. If you received no untaxed income, then write "0" in the space provided. **Do not leave any lines blank.**

<b>Asset</b>	<b>Value</b>
<b><u>PAYMENTS TO TAX-DEFERRED PENSIONS</u></b> Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S.	\$
<b><u>CHILD SUPPORT</u></b> Child support received for any of your children. <u>Do not</u> include foster care or adoption payments.	\$
<b><u>HOUSING AND LIVING ALLOWANCES</u></b> Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). <u>Do not</u> include the value of on-base military housing or the value of basic military allowance for housing.	\$
<b><u>VETERANS BENEFITS</u></b> Veteran's non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
<b><u>OTHER BENEFITS</u></b> Other untaxed income not reported in items 44a through 44h, such as workers' compensation, disability payments ( <b>NOT</b> Social Security Disability), Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040, Line 25, Railroad Retirement Benefits, etc.	\$
<b><u>DO NOT INCLUDE :</u></b> Student aid/financial aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	
<b><u>SOCIAL SECURITY INCOME</u></b> Social Security Disability, Untaxed Social Security benefits, Supplemental Security Income	\$
<b><u>OTHER SOURCES OF INCOME</u></b> Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form.	\$

I certify that all of the information reported on this form is complete and correct. I understand that if I purposefully give false or misleading information on this form, I may be fined, sentenced to jail, or both.

Parent's Signature

(Required)

Date

**(Note: Electronic signatures will not be accepted)**